

GUIDEWIRE EXIT TOOL

FIELD OF THE INVENTION

The present invention relates to medical devices in general, and in particular to
5 rapid exchange-type catheters.

BACKGROUND OF THE INVENTION

As an alternative to invasive-type surgeries whereby a physician creates an incision to access a desired location in the patient's body, many minimally invasive surgeries and *in vivo* examinations are being performed using catheters that are inserted
10 into a patient's body. With a catheter in place, medical devices are routed through a lumen in the catheter in order to obtain tissue samples, perform a surgical procedure or diagnose tissue in a patient's body.

To insert a catheter, many physicians first use a guidewire that is routed to a desired location in the patient's body. The guidewire then acts as a rail over which
15 catheters or other medical devices can be easily routed to the desired location.

FIGURE 1 illustrates a conventional guidewire and rapid exchange-type catheter. A catheter 10 includes a working lumen 12 through which a medical device can be inserted, and a guidewire lumen 14 through which a guidewire 18 is passed. The catheter 10 can be threaded over the guidewire 18 by inserting the proximal end of the
20 guidewire into the distal end of the guidewire lumen 14. Alternatively, the distal end of the guidewire 18 can be inserted into the proximal end of the lumen 14 by threading it through an introducer 20 at the proximal end of the catheter. The introducer 20 acts as a funnel to guide the distal tip of the guidewire into the guidewire lumen 14.

In some instances, it is desirable to exchange the catheter 10 for another catheter
25 while leaving the guidewire 18 in place. In order to avoid removing the guidewire 18, the

proximal end of the guidewire is held stationary while the catheter 10 is removed. If a conventional catheter is used, the guidewire must be substantially longer than the catheter, in order to pull the catheter off the guidewire. Such long guidewires may be unwieldy in the operating room.

5 To reduce the need for such long guidewires, many catheters include a rapid exchange-type feature whereby the majority of guidewire lumen 14 is formed as a channel 16 having a slit that extends along a length of the catheter 10. The catheter can be removed from the guidewire by pulling the guidewire through the slit in channel 16 up to the point where the channel becomes an enclosed lumen towards the distal end of the
10 catheter. The remaining distal section of the guidewire lumen can then be pulled over the proximal end of the guidewire. Rapid exchange-type catheters and their use are considered to be well known to those of ordinary skill in the medical device arts.

In order to remove a guidewire from a rapid exchange-type catheter when backloading, the proximal end of the guidewire is forced through the slit in guidewire
15 channel 16. This is typically accomplished by bending the catheter 10 in the region of the proximal end of the guidewire such that the proximal tip pokes through the slit in the channel 16. Many modern guidewires include tips of differing flexibilities at their proximal and distal ends, thereby giving the physician the option of adjusting the flexibility depending on which end of the guidewire is inserted into the patient. However,
20 such flexible tips are difficult to use with rapid exchange-type catheters because they are not stiff enough to be forced through the slit in the channel 16 without severely bending and possibly kinking the catheter. Therefore, there is a need for a technique to use rapid exchange-type catheters with guidewires having flexible proximal ends.

SUMMARY OF THE INVENTION

25 To address the problems discussed above, the present invention is a tool for urging a guidewire out of a guidewire channel of a rapid exchange-type catheter. The tool includes a handle and a pin that fits within the guidewire channel. One end of the pin may be tapered to engage and lift the proximal end of a guidewire out of a slot in the guidewire channel.

30 In one exemplary embodiment of the invention, the handle is an oval disk having a center depression and an annular ring around the perimeter of the disk. The oval has a major axis that is angled with respect to the longitudinal axis of the pin.

BRIEF DESCRIPTION OF THE DRAWINGS

The foregoing aspects and many of the attendant advantages of this invention will become more readily appreciated as the same become better understood by reference to the following detailed description, when taken in conjunction with the accompanying drawings, wherein:

FIGURE 1 illustrates a conventional rapid exchange-type catheter and guidewire;

FIGURE 2 illustrates a catheter and a guidewire exit tool in accordance with one embodiment of the present invention;

FIGURE 3 is an isometric view of a guidewire exit tool in accordance with one embodiment of the present invention;

FIGURE 4 is a side elevational view of a guidewire exit tool in accordance with one embodiment of the present invention;

FIGURE 5 is a rear elevational view of a guidewire exit tool in accordance with one embodiment of the present invention;

FIGURE 6 is a front elevational view of a guidewire exit tool in accordance with one embodiment of the present invention;

FIGURE 7 is a top plan view of a guidewire exit tool in accordance with one embodiment of the present invention; and

FIGURE 8 is a bottom view of a guidewire exit tool in accordance with one embodiment of the present invention.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

As best shown in FIGURE 3, the present invention is a guidewire exit tool 30 that aids in retrieving the proximal end of a guidewire from a guidewire channel in a rapid exchange-type catheter. The guidewire exit tool has a handle 32 for grasping the tool and a pin 34 that is insertable into the guidewire channel 16. The pin 34 is secured to the handle 32 by a web or "rib" 38. One end of the pin 34 may include a tapered point 36. As shown in FIGURE 2, the diameter of the pin 34 is selected to fit within the guidewire channel 16 but is larger than the width of the slit in the channel 16. Movement of the pin 34 with respect to the proximal end of the guidewire 18 causes the tapered point 36 to engage the proximal end of the guidewire 18 and lift it out of the channel 16 so that it can be grasped by a physician. The guidewire exit tool 30 can be moved against the

guidewire 18 or the guidewire 18 can be moved against the guidewire exit tool 30 in order to push the proximal end of the guidewire through the slit in the channel 16.

FIGURE 4 is a side elevational view of one design of a guidewire exit tool according to the present invention. In this design, the handle 32 comprises an oval disk having a central depression 40 on either side of the disk and a raised annular ring 42 around the perimeter of the handle. The major axis of the oval disk is oriented at approximately 30° to the longitudinal axis of the pin 34. The orientation of the disk and depressions within the handle 32 form an ergonomic grip that is easily grasped by the thumb and forefinger of a user for movement within a guidewire channel. The other side of the guidewire exit tool is the same as shown in FIGURE 4.

The guidewire exit tool 30 can be injection molded of thermoplastic or other materials.

FIGURE 5 is a rear elevational view of the design of the guidewire exit tool 30, and FIGURE 6 is a front elevational view of the design of the guidewire exit tool 30.

As shown in FIGURE 6, the pin 34 has a diameter that is slightly wider than the diameter of the flexible web 38 that holds the pin 34 to the handle 32. The width of the web 38 is designed to fit through a slit in the channel 16 of the catheter 10. The diameter of the pin 34 is slightly wider than the slit in the channel 16 such that the guidewire exit tool cannot be easily pulled out of the guidewire channel through the slit.

FIGURE 7 is a top plan view of the design of the guidewire exit tool in accordance with the present invention, and FIGURE 8 is a bottom plan view of the design of the guidewire exit tool according to the present invention.

While the preferred embodiment of the invention has been illustrated and described, it will be appreciated that various changes can be made therein without departing from the scope of the invention. For example, a guidewire exit tool could have a conventional handle or a handle with a differently shaped ergonomic grip. It is therefore intended that the scope of the invention be determined from the following claims and equivalents thereof.